

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529490

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8	1		1			
9	1		1			
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15	1		1			
16	1		1			
17		2		1		
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48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	15	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						